

4

Overview of the Counseling Process

After mastering the content in this chapter, you should be able to

1. Define and discuss the following terms and concepts:
counseling process
initial counseling encounter
structure in the relationship
phases of counseling
2. List and explain the characteristics of persons who seek counseling.
3. List and discuss the realities of a new relationship.
4. Recognize and discuss the importance of the initial counseling encounter.
5. Explain the importance of structure—What? Why? When? How?
6. Compare and contrast the phases of counseling according to the models of Stewart, Brammer, and Ivey and Simek-Downing.

Because of their special goals, helping encounters are also characterized by special kinds of processes which may not be found in the daily experiences of the persons who are seeking aid. For these reasons, people entering the helping relationship must be helped to understand its nature and ways of functioning.

—Combs, Avila, and Purkey

The term process helps to communicate much about the essence of counseling. A process is an identifiable sequence of events taking place over time. Usually there is the implication of progressive stages in the process.

—Lewis E. Patterson and Sheldon Eisenberg

Before studying this chapter, you should remember that the following discussion refers to the broad and general aspects of the *counseling process*. Later chapters will, in a more detailed way, amplify and focus on this process as an approach to working with parents of exceptional children. You are, therefore, encouraged to examine this content thoughtfully and carefully to develop the knowledge and insight necessary to become a more productive and effective helper.

The counseling process actually begins with the first contact between helper and helpee and follows an orderly progression beginning with the establishment of a relationship and usually ending with the termination of that relationship. Between these two steps, the helper assists the client in developing an understanding of his or her problems. This chapter will provide you with insight into this process that is often referred to as the stages or phases of counseling.

WHY PEOPLE SEEK HELP

Prior to a detailed analysis of the counseling process, it would be beneficial to understand why people seek counseling. According to Lewis (1970), people seek counseling for many reasons, but three common characteristics can be noted:

1. The person is experiencing some sort of personal dissatisfaction and is unable to reduce this dissatisfaction sufficiently. The person perceives a need to change the dissatisfactory behavior without knowing how to go about it.
2. The person approaches counseling with a substantial amount of anxiety and uncertainty about not only some aspect of his or her life which is inadequate, but about stepping into a strange and foreboding land—the counselor's office.

3. The person who seeks counseling expects that the counselor will be able to help, but has no clear ideas about what will occur.

While the first two points made by Lewis might be frightening (especially to the beginning counselor), you should note that an optimistic tone pervades the initial encounter. Both counselor and client normally enter the relationship with the expectation that its outcome will result in an agreed-upon behavior change.

Brammer (1979) stresses the importance of the helper's awareness of the realities of a new relationship. He cites the following realities as especially significant:

1. It is not easy to receive help.
2. It is difficult to commit one's self to change.
3. It is difficult to submit to the influence of a helper; help is a threat to esteem, integrity, and independence.
4. It is not easy to trust a stranger and to be open with him.
5. It is not easy to see one's problem clearly at first.
6. It is difficult to share problems easily because they sometimes seem too large, too overwhelming, or too unique.

Parents of exceptional children seek help for many reasons. As an example, Ehlers, Krishef, and Prothero (1977) state:

Usually, parents want and need help. They may not understand why their child is retarded, and they may feel that in some way they are to blame for something they did or did not do. They may react to their feelings by rejecting the child or being overprotective or overdemanding. These parents need help in solving the problems with which they are confronted. They need to know what type of home atmosphere and training the child will require to fully develop his limited capabilities. (p. 189)

The main point is that most parents want and need help, whether it is information about their child's handicapping condition or the opportunity to talk with a helper about the difficulties and uncertainties which may lie ahead. Many parents urgently need help in solving practical day-to-day problems. Rendering assistance is not limited to a professional helper—help may result from interaction and personal sharing with other parents who have experienced and worked through similar problems. By our previous definition, these other parents who listen and offer support then become helpers.

THE INITIAL COUNSELING ENCOUNTER

Most human interactions have a goal or purpose, and this is especially true of the counseling relationship. The initial interview between counselor and client is significant since it affords the first opportunity for two people to begin a relationship within a counseling context. Munson (1971) has suggested some assumptions that can be made about the initial interview: The

counselee wants or needs help, nothing specific needs to be accomplished beyond the structure required by the counselor, and the initial session is merely a beginning stage in a relationship between two individuals. Patterson and Eisenberg (1983) have noted:

Counseling has a beginning, a middle, and an end. At the outset the client and counselor discuss the concerns of the client. The counselor attempts to learn as nearly as possible what the client is experiencing and what has brought him or her to counseling. (p. 7)

Tyler (1969) suggests these objectives for the counselor: (1) get a sound counseling relationship started, (2) open up the psychological realm of feelings and attitudes within the person, and (3) clarify the structure of the helping process. Bucheimer and Balogh (1961) divide the initial interview into three phases: the statement of a problem, exploration, and closing and planning for the future. They believe that this represents a purposeful and goal-directed approach to counseling.

With this outlined purpose of the initial interview, you should remember that beginning interviewers, through lack of experience, usually commit many types of common errors. Emerick (1969) has compiled a practical list of common errors that the beginning counselor should avoid during the interview or counseling session:

1. Avoid questions that may be answered "Yes" or "No." Try to frame the question to elicit more complete responses.
2. Avoid asking questions that inhibit freedom of response. Do not say, "You didn't have any difficulty with the child's toilet training, did you?"
3. Avoid talking too much. It is much better to rephrase what the respondent has said or make some comment like "I see," "Tell me more," or "Anything else?"
4. Avoid concentrating on the child's physical symptoms and their causes to the exclusion of the parent's feelings and attitudes.
5. Avoid providing information too soon. There will be plenty of time to clear up misconceptions later in the interview.
6. Ask questions straightforwardly, maintaining eye contact.
7. Avoid negative or moralistic responses—verbal or nonverbal—to the parent's statements. The flow of information will stop rapidly and the relationship will be severely impaired if the parent senses that you find his or her behavior distasteful.
8. Avoid abrupt transitions in bringing the parent back to a point. The ability to make smooth transitions characterizes the experienced interviewer.
9. Avoid allowing only superficial or surface answers. Seek deeper, more significant responses from parents.
10. Avoid letting the parent reveal too much in one interview. Sometimes a beginning interviewer makes the mistake of trying to get everything in one session.
11. Avoid trusting your memory. Put the clinical situation, procedures, observations, and recommendations in writing as soon as possible.

STRUCTURING THE HELPING RELATIONSHIP

Structure is evident in the helping relationship, especially one that extends over a period of time. In this regard, Shertzer and Stone (1980) write:

Structure varies, depending upon the type of helping relationship, but its essential features—patterns of stimuli and response—are always present. Structure enables the relationship to eventuate in growth and productivity. In reality, responsibility for the structure is reciprocal. Both the helper and person to be helped have needs—to achieve, to be recognized, to be adequate—that determine structure and set in motion responses which the helping person must be prepared to meet to build a helping relationship. (p. 9)

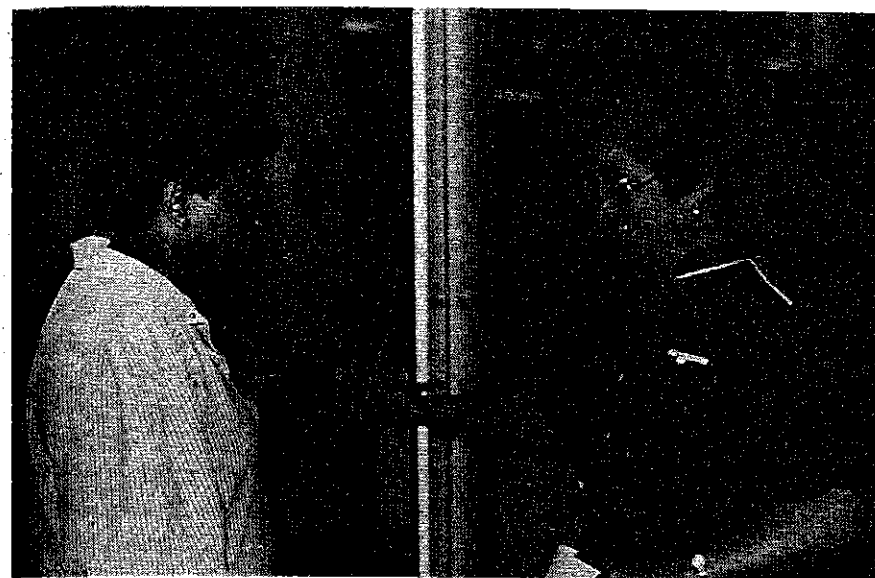
Structure defines the nature, limits, and goals of the prospective helping relationship. According to Brammer (1979), structure outlines the roles, responsibilities, and possible commitments of both helper and helpee. At the outset, many helpers will feel compelled to outline procedures to follow during the counseling relationship. Keep in mind, however, that hard and fast rules are difficult to develop because one counselor's theoretical frame of reference may differ markedly from another's. While one counselor would prefer to present the counseling approach (the roles and functions of both parties), another counselor may wish to simply proceed with the task of counseling and leave structure (assuming it is necessary) to develop during the course of the relationship.

If formal structuring is necessary, you should realize that the circumstances favor the counselee's acceptance of the counselor's approach. The client may be anxious and uncertain; the counselor is confident and calm and has the status of an authority figure. The counseling relationship will be enhanced and directed as the client develops faith in the counselor and the approach they will take. This faith involves the client's commitment for it implies going beyond mere acceptance of the counselor's approach. The approach set forth by the counselor will not always be easy for the client to accept, however. Much depends on the client's preconceived ideas of the counseling sessions and the role of each person in the counseling process. Should disagreement occur, allow a period of time for accommodation and further deliberations.

One of the most vital initial transactions involves the counselor and client agreeing on a procedure that will be followed during future meetings. Talk must be translated into a course of action to attain a counseling goal. The parent's concern is often vaguely and poorly verbalized; thus the first step in resolving the problem is to define it. This is often referred to as *statement of the problem*.

PHASES OF COUNSELING

Helping is often marked by a definite internal structure previously referred to as *phases*. While any listing of phases will vary, counseling may be thought



The counselor must convey to the client that she considers her a valuable person.

of as six steps or phases that are not always fixed. Benjamin (1974) has stated that sometimes phases fuse into each other until it is difficult to tell them apart. If stages are absent, this may indicate that there were none, or that stage one was never reached, for example. On the other hand, movement from one stage to another may be so swift that it is difficult to determine where one stage ends and the next one begins.

Nevertheless, a working knowledge of phases is essential to counseling and should be a fundamental part of any helper's counseling skills. The first counseling model is the Stewart model in which counseling consists of the following six sequential phases:

Initiation or Establishment of Purpose In this first phase, the helper and helpee establish the subject of their meeting. During this step, the helpee should indicate his or her purpose for seeking help. This is important both from a motivational and a directional viewpoint because this identifies a goal toward which both client and counselor may work. It is also during this phase that the counselor becomes an active listener and attempts to convey to the client that he or she is valued as a person.

Setting the Counseling Process The counselor and counselee should agree on how to achieve a mutually acceptable goal. During this phase the client needs assistance in developing some ideas about the nature and function of counseling. Counselor and client, then, attempt to reach a mutual agreement about the purpose and direction of their relationship. Rapport

is established so that a comfortable communication of thoughts and feelings may be exchanged between counselor and client.

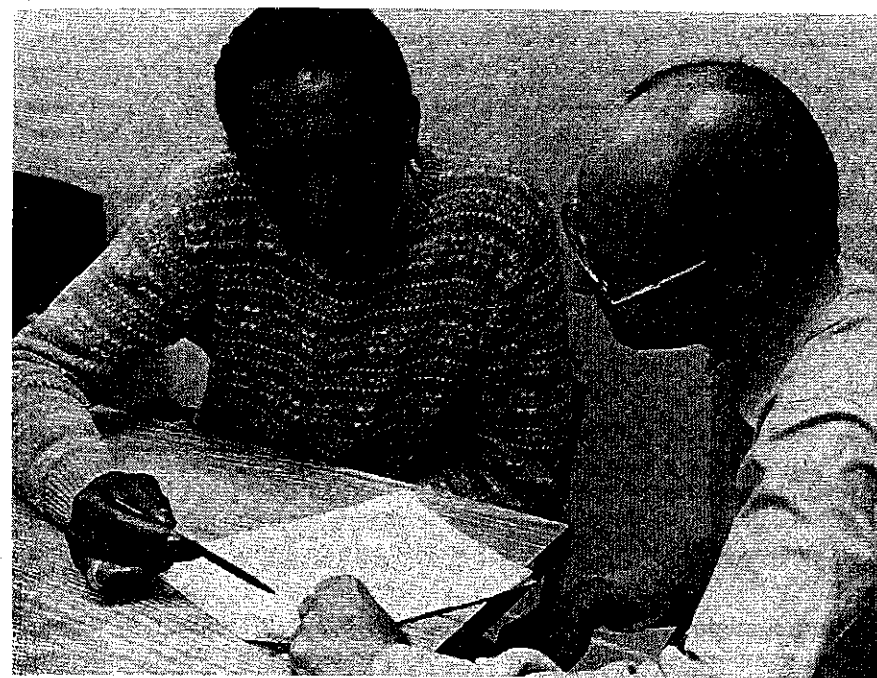
Understanding of Client's Needs The next step is to clarify the nature of the client's difficulty and to seek insight into the dynamics of the client's behavior. The counselor is concerned with the client's perception of personal difficulties and the feelings surrounding them. The counselor and client, working together, attempt to examine as many facets of the difficulty as possible so that an appropriate plan of action can be formulated.

Understanding alone is not sufficient. The counselor must verbally express understanding to the client. It is during this phase that empathy, or the ability to perceive the client's thoughts and feelings and to communicate this understanding, assumes special significance. Learning to develop empathy with the client takes both time and practice. It is learning to hear the client and to convey that you heard. For example, if the client becomes tearful, the counselor should attempt to understand the feeling underlying the tears and thereby help the client acknowledge and accept those feelings.

Exploring the Possible Alternatives Helpers have the responsibility to point out the many possible solutions and alternatives to a situation; in other words, they should make progress toward the client's goal. It is not the counselor's duty to decide what decisions to make or what course of action to choose for the counselee. Decisions are and rightfully should be the counselee's own, but understanding why and how they were made is important. The counselee should also learn to estimate the consequences of any actions in terms of personal effort, sacrifice, time, money, risk, and other significant variables that may affect progress toward the ultimate goal.

Planning a Course of Action As the client becomes more aware of thoughts and feelings with the assistance of the counselor, the client begins to move steadily toward the counseling goal. Executing a plan of action is normally much easier if the client has personally made the selection. If a parent has decided on the course of action, we may expect a personal commitment and a concentrated effort to carry it out. The counselor must remember that the human personality varies considerably and should, therefore, not be disappointed if the desired ends (the counseling goals) are not fully attained as a result of counseling.

This phase, often called the *progress* phase of counseling, continues until the client and counselor agree that the counseling can and should be concluded. Agreement to terminate the sessions indicates either that the goal has been reached or that the client feels capable of continuing alone without further assistance. Prior to termination, encourage the client to review his or her counseling experiences, especially regarding probable future development. The rationale here is to encourage the client to recognize and take advantage of insights gained, and to apply self-understanding toward future



With the assistance of the counselor, the client begins to move toward the counseling goal.

endeavors. Counseling should lead to a general improvement not only in the client's ability to cope, but also with his or her ability to meet the situational demands of daily functioning.

Terminating the Session The final step in the counseling session is usually referred to as *termination*. This may be considered from two points of view: First, from a temporary one in which the client continues contact with the counselor later, and second, a permanent termination if the client feels that the goal has been reached. In any event, the effects of the counseling session will hopefully continue beyond termination.

The session is best terminated on a positive note, allowing the client to face new difficulties without a counselor. In terminating counseling either temporarily or finally, it is important that the parents depart with a feeling that something constructive has been accomplished. This positive attitude will normally prevail if an adequate job is done by the counselor; however, the feeling will be enhanced if the counselor is systematic and exercises tact and diplomacy in closing the counseling relationship.

Ideally, the decision to terminate counseling should be a mutual one, although either party should feel free to discuss the possibility at any time during the counseling encounter. A good rule that Stewart (1978) provides is that the client should assume the major responsibility for this decision as with all his decisions.

Finally, Ward (1984) has noted that "the termination of counseling is a process that seems to have been inadequately addressed in the literature, in training programs, and therefore most probably in counseling practice" (p. 21). Ward also suggests that appropriate termination not only is a significant stage in the counseling process but also serves three primary functions:

1. assessing client readiness for the end of counseling and consolidating learning;
2. both resolving remaining affective issues and bringing about appropriate closure of the significant and often intense relationship between the client and the counselor; and
3. maximizing transfer of learning and increasing the client's self-reliance and confidence in his or her ability to maintain change after counseling has ended. (p. 22)

Using a slightly different order and emphasis, Brammer (1979) has identified eight basic stages of the helping process.

Phase 1: Building Relationships

1. Entry: Preparing the helpee and opening the relationship
2. Clarification: Stating the problem or concern and the reasons for seeking help
3. Structure: Formulating the contract and the structure
4. Relationship: Building the helping relationship

Phase 2: Facilitating Positive Action

5. Exploration: Exploring problems, formulating goals, planning strategies, gathering facts, expressing deeper feelings, learning new skills
6. Consolidation: Exploring alternatives, working through feelings, practicing new skills
7. Planning: Developing a plan of action using strategies to resolve conflicts, reducing painful feelings, and consolidating and generalizing new skills or behaviors to continue self-directed activities
8. Termination: Evaluating outcomes and terminating the relationship (p. 52).

This general model of the helping process is designed to incorporate problem-solving, skill-development, life-planning, and awareness models. This sequence of events is typical of helpers' and helpees' experiences of moving from the first contact through the final outcome. Brammer notes two other significant factors related to stages in the helping process.

- ☐ This general sequence is not dependent on helping style or helping theory; it is an unfolding of a natural process of problem solving.
- ☐ The stages are typical of the process, but they do not always exist in this exact sequence, nor are all stages always present, since helpees typically determine the sequence and length of stages. (p. 51)

In order to stress the importance of structure in the counseling process, a third and final approach for structuring the interview and aiding the decision-making process is presented. Ivey and Simek-Downing (1980) suggest three stages in decision making and problem solving that they believe provide the basis of most approaches to counseling. These consist of the problem definition phase, the work phase, and the decision for action phase. You are urged to study these phases and their component subparts in Figure 4.1.

The conclusions drawn by Ivey and Simek-Downing are worthy of our consideration.

Decision making undergirds the counseling process. All counseling and therapy are oriented toward effective decision making. Critical to intentional counseling is the counselor's ability to assist the client to develop a large number of ways in which a problem or concern can be defined. (p. 48)

CHAPTER SUMMARY

To work effectively with others, helpers should have a thorough and complete understanding of the counseling process. You should be familiar with not only why people seek help but also the realities of entering into a new relationship. The initial encounter with a client is vitally important because it conveys confidence in the client's ability to profit from the helping relationship. Structure as a part of the process focuses attention upon the commitments, obligations, and responsibilities of both parties as they begin the relationship. It is here that counseling phases take on added importance; three specific approaches to phases were presented to help you. What is important is that you the helper be aware of how the sequence of the helping stages relates to the client's ability to improve his or her problem-solving and decision-making skills. The skills, attitudes, knowledge, and behavior of the helper determine to a large degree the effectiveness of the client's successful passage through the stages.

ACTIVITIES, EXERCISES, AND IDEAS FOR REFLECTION AND DISCUSSION

1. Recall a time that you felt a need for counseling. Apply Lewis's three characteristics of people who seek counseling to your personal situation. Did you actually seek counseling? Why or why not? What was the outcome?

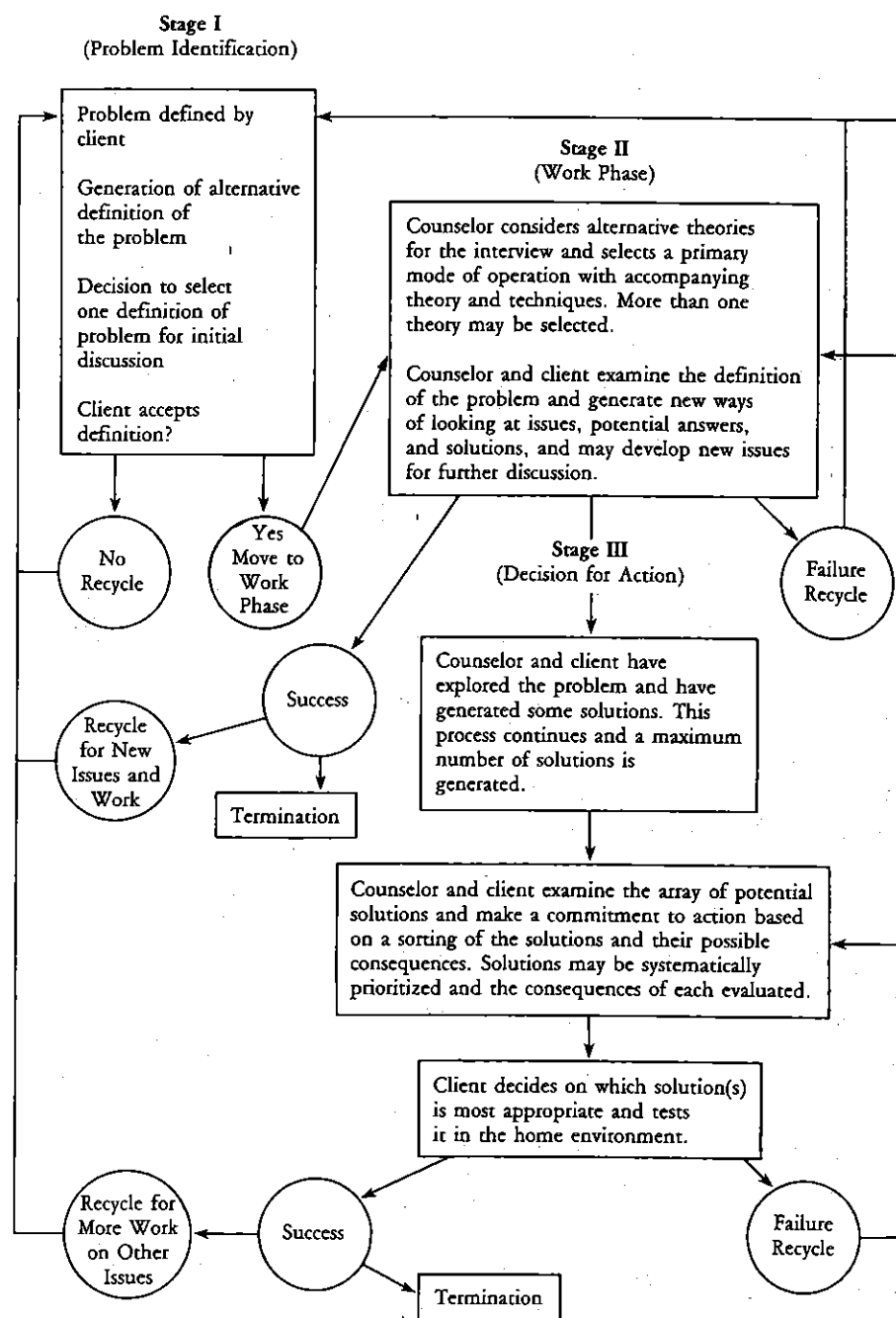


FIGURE 4.1 The three stages in decision making

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2. Do you think that a person having a personal, social, or emotional problem is usually unwilling to approach a professional person for counseling? What factors might account for one's hesitancy in initiating a counseling relationship?
3. To what extent should the counselor expect to fully understand the client's needs? How much client understanding and awareness is necessary to proceed with the counseling relationship? To what degree might one expect this to develop during the relationship?
4. Devise and structure a role-playing situation that conveys empathy. Analyze the types of verbal communication and nonverbal actions that establish empathy.
5. Devise and structure a role-playing situation where counseling is to be terminated or termination is to be discussed. (Taping or recording the session will allow for detailed analysis.) How can you improve your ability to terminate a counseling relationship?
6. Is it correct to assume that most parents of exceptional children will cooperate readily if they sense you want to help their children? Should this be the dominant theme in your initial meeting with the parents? How might you convey your willingness to help in a genuine and positive manner?

REFERENCES

- Benjamin, L. M. (1974). *The helping interview*. Boston: Houghton Mifflin.
- Brammer, L. M. (1979). *The helping relationship: Process and skills* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Bucheimer, A., & Balogh, S. C. (1961). *The counseling relationship*. Chicago: Science Research Associates.
- Ehlers, W. H., Krishef, C. H., & Prothero, J. C. (1977). *An introduction to mental retardation: A programmed text*. Columbus, OH: Charles E. Merrill.
- Emerick, L. (1969). *The parent interview*. Danville, IL: Interstate Printers and Publishers.
- Ivey, A. E., & Simek-Downing, L. (1980). *Counseling and psychotherapy: Skills, theories, and practice*. Englewood Cliffs, NJ: Prentice-Hall.
- Lewis, E. C. (1970). *The psychology of counseling*. New York: Holt, Rinehart, & Winston.
- Munson, H. L. (1971). *Foundations of developmental guidance*. Boston: Allyn & Bacon.
- Patterson, L. E., and Eisenberg, S. (1983). *The counseling process* (3rd ed.). Boston: Houghton Mifflin.
- Shertzer, B., & Stone, S. C. (1980). *Fundamentals of counseling* (3rd ed.). Boston: Houghton Mifflin.
- Towart, J. C. (1978). *Counseling parents of exceptional children*. Columbus, OH: Charles E. Merrill.
- Waller, L. E. (1969). *The work of the counselor*. New York: Appleton-Century-Crofts.
- Ward, D. E. (1984). Termination of individual counseling: Concepts and strategies. *Journal of Counseling and Development*, 63, 21-25.

SELECTED REFERENCES FOR FURTHER READING AND STUDY

- Day, R. W., & Sparacio, R. T. (1980). Structuring the counseling process. *Personnel and Guidance Journal*, 59, 246-249.
- Ellis, A. (1982). Major systems. *Personnel and Guidance Journal*, 61, 6-7.
- Goldfried, M. R. (1980). Toward a delineation of therapeutic change principles. *American Psychologist*, 35, 991-999.
- Goodyear, R. K. (1981). Termination as a loss experience for the counselor. *Personnel and Guidance Journal*, 59, 347-350.
- Huber, C. H. (1983). A social-ecological approach to the counseling process. *AMHCA Journal*, 5, 4-11.
- Ivey, A. E., & Matthews, W. J. (1984). A meta-model for structuring the clinical interview. *Journal of Counseling and Development*, 63(4), 237-243.
- Jackard, C. R. (1974). The American male rejects counseling. *Adult Leadership*, 23, 9-10.
- Krumboltz, J. D. (1980). A second look at the revolution in counseling. *Personnel and Guidance Journal*, 58, 463-466.
- Marinoff, S. L. (1973). When words are not enough—VIDEOTAPE. *Teaching Exceptional Children*, 5, 66-73.
- Rosenblatt, H. S. (1975). How I counsel. *Personnel and Guidance Journal*, 54, 44-45.
- Scher, M. (1981). Men in hiding: A challenge for the counselor. *Personnel and Guidance Journal*, 60(4), 199-202.
- Smith, D. (1982). Trends in counseling and psychotherapy. *American Psychologist*, 37, 802-809.